

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041514

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10249

STATE FILE NUMBER

FILED OCT 24 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY

c. CITY OR TOWN St Louis

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 3844a Utah Pl

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS 3844a Utah Pl

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED

First

Middle

Last

Ida

E

Haeger

4. DATE OF DEATH

Month

Day

Year

Oct.

13

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Oct 26, 1879

## 9. AGE (last birthday)

83

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St Louis Mo.

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Louis J Wolf

## 13b. MOTHER'S MAIDEN NAME

Schneider

## 14. NAME OF HUSBAND OR WIFE

Leonard Haeger

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

No

(If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Leonard Haeger

Address

3844a Utah

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

### DUE TO (b)

### DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Generalized Arteriosclerosis with cardiac compensation  
450.0

## INTERVAL BETWEEN ONSET AND DEATH

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour - Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

21a. I attended the deceased from 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

21b. I attended the deceased from 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

21c. I attended the deceased from 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

21d. I attended the deceased from 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

10/16/63

23c. NAME OF CEMETERY OR CREMATORY

St Matthew Cemetery

23d. LOCATION (City, town, or county)

St Louis

Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

John L Ziegenhein & Sons 7027 Gravois

## 25. DATE RECD. BY LOCAL REG.

OCT 15 1963

## 26. REGISTRAR'S SIGNATURE

Paul Smith. M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald B. [Signature]

Licensed Embalmer No. 4863

P. O. Address [Signature]

Note: The above MUST BE SIGNED, BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.